



*Larry Hogan, Governor · Boyd K. Rutherford, Lt. Governor · Robert R. Neall, Secretary*

December 23, 2019

The Honorable Larry Hogan  
Governor  
State of Maryland  
Annapolis, MD 21401-1991

The Honorable Thomas V. Mike Miller, Jr.  
President of the Senate  
State House, H-107  
Annapolis, MD 21401-1991

The Honorable Adrienne A. Jones  
Speaker of the House of Delegates  
State House, H-101  
Annapolis, MD 21401-1991

**Re: HG § 19-308(b)(4) - Maryland Department of Health Office of Health Care Quality  
Annual Report and Staffing Analysis Fiscal Year 2019**

Dear Governor Hogan, President Miller, and Speaker Jones:

Pursuant to Health-General Article, § 19-308(b)(4), Annotated Code of Maryland, the Maryland Department of Health Office of Health Care Quality is required to submit this annual Annual Report and Staffing Analysis for Fiscal Year 2019.

If you have any questions about this report, please contact me or my Chief of Staff Tom Andrews at 410-767-0136 or [Thomas.andrews@maryland.gov](mailto:Thomas.andrews@maryland.gov).

Sincerely,

Robert R. Neall  
Secretary



MARYLAND DEPARTMENT OF HEALTH  
Office of Health Care Quality

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**Maryland Department of Health  
Office of Health Care Quality**

**Annual Report and Staffing Analysis  
Fiscal Year 2019**

Health-General Article 19-308(b)(4)  
Health-General Article § 19-1409(e)

*Robert R. Neall, Secretary*

*Frances B. Phillips, RN, MHA, Deputy Secretary for Public Health*

*Patricia Tomsco Nay, MD, CMD, Executive Director*

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## **Executive Summary**

On behalf of the Office of Health Care Quality (OHCQ), it is my privilege to submit the FY 19 Annual Report and Staffing Analysis. This document is submitted pursuant to Health-General Article §19-308(b)(4) and Health-General Article § 19-1409(e).

OHCQ is the agency within the Maryland Department of Health (Department) charged with monitoring the quality of care in 42 types of health care facilities and community-based programs. As of July 1, 2019, OHCQ oversees 17,113 providers, a 2.6 percent increase in the number of providers on July 1, 2018. The increases were primarily in the number of sites serving individuals with developmental disabilities, residential service agencies, and various clinical laboratories.

OHCQ is an agent of the Centers for Medicare and Medicaid Services (CMS) and is the designated State survey agency in Maryland. OHCQ issues State licenses and recommends certification to CMS. A license authorizes a facility or program to do business in Maryland. Certification authorizes a facility to participate in the Medicare and Medicaid programs. OHCQ surveys these facilities and programs to determine compliance with State and federal regulations, which set forth minimum standards for the delivery of care. OHCQ educates providers, consumers, and other stakeholders through written materials, presentations, and web sites. It is through these activities that OHCQ fulfills our mission to protect the health and safety of Marylanders and to ensure there is public confidence in the health care and community delivery systems.

In FY 18, the Department developed and implemented a seven-year staffing plan for OHCQ. Through FY 20, the plan has been fully implemented and the Department is on target for FY 21. As anticipated, this controlled growth in the agency's workforce is progressively improving compliance with federal and State mandates.

In FY 19, OHCQ, providers, small businesses, and consumers saw the benefits of Senate Bill 108 – Regulation of Health Care Programs, Medical Laboratories, Tissue Banks, and Health Care Facilities - Revisions from the 2018 Maryland Legislative Session. This bill permitted the Department to issue non-expiring licenses to all provider types, thereby eliminating the administrative and fiscal burdens of the license renewal process and enhancing the oversight of services provided in facilities and programs.

OHCQ continued to develop and implement affordable technological solutions to gain efficiencies while enhancing customer service, employee satisfaction, and communication. In the fall of 2018, OHCQ implemented a paper reduction initiative. Scanning documents for electronic storage, reducing the amount of paper submitted to OHCQ through the implementation of electronic submissions, and modifying workflows has collectively decreased OHCQ's paper records by 77 percent.

On January 7, 2019, OHCQ relocated from the Spring Grove Hospital campus in Catonsville to Columbia, Maryland. OHCQ greatly appreciates the extensive efforts of the Department of General Services and the Maryland Department of Health's Office of Capital Planning in

effectuating this move. The design of the new space has improved communication within and between units, facilitated mentoring activities, and allowed for more effective and efficient supervision. The technology has facilitated on-line activities with WiFi hubs throughout the space. Rather than a single computer training room, computer-based activities and training can be done anywhere.

It is an honor and a privilege to lead a group of dedicated staff who work tirelessly to ensure the health and safety of Marylanders across the health care continuum. OHCQ appreciates the ongoing support of the Secretary, the Deputy Secretary, the Administration, members of the General Assembly, the Governor's Office of Performance Improvement, and all of our stakeholders.

*Patricia Tomsko Nay, MD*

Patricia Tomsko Nay, MD, CMD, CHCQM, FAAFP, FABQAURP, FAAHPM  
Executive Director, Office of Health Care Quality

## **Mission and Vision**

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The Office of Health Care Quality (OHCQ) is the agency within the Maryland Department of Health charged with monitoring the quality of care in 42 types of health care facilities and community-based programs. OHCQ issues licenses, authorizing a facility to do business in the State, and recommends certifications to the Centers for Medicare and Medicaid Services (CMS), which allow a facility to participate in the Medicare and Medicaid programs. OHCQ surveys these facilities and programs to determine compliance with State and federal regulations, which set forth minimum standards for the delivery of care. Additionally, OHCQ educates providers, consumers, and other stakeholders through written materials, presentations, and web sites. It is through these activities that OHCQ fulfills our mission to protect the health and safety of Marylanders and to ensure there is public confidence in the health care and community delivery systems. OHCQ's vision is that all those receiving care in Maryland can trust that their health care facility or program is licensed and has met the regulatory standards for the services that they offer.

## **Strategic Planning Process**

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OHCQ's strategic planning process allows us to best use our resources to fulfill our mission. Efforts to gain efficiency are always balanced with the need to remain effective in protecting the health and safety of Marylanders. The four goals of the strategic planning process are:

1. Regulatory efficiency and effectiveness: Efficient and effective use of limited resources to fulfill our mandates;
2. Core operations: Focus on core business functions and maintaining accountability;
3. Customer service: Consistent, timely, and transparent interactions with all stakeholders; and
4. Quality improvement: Sustain a quality improvement process within OHCQ.

Several regulatory efficiency and effectiveness initiatives and approaches are described below.

### **Decreasing Administrative Burden**

Senate Bill 108 passed in the 2018 Session, permitting the Department to issue non-expiring licenses to all provider types. This eliminated the administrative and fiscal burdens of the license renewal process and enhanced OHCQ's oversight of services provided in health care facilities and community-based programs. All provider types under OHCQ's authority were successfully transitioned to a non-expiring license. As a result of the implementation, OHCQ experienced a significant decrease in administrative tasks, including less incoming mail, fewer phone calls, and fewer emails. The non-expiring licenses have resulted in increased provider and employee satisfaction.

## **Protecting Vulnerable Children and Adults**

In addition to licensure, certification, and survey activities, OHCQ protects the health and safety of vulnerable children and adults through various actions. Accessible through the OHCQ website, the Older and Vulnerable Adult dashboard compiles State, local, and federal information and resources for consumers, providers, government agencies, and other stakeholders.

OHCQ's Assisted Living Unit continues to partner with other State and local agencies and law enforcement to investigate facilities that may be operating without the required license. Through an unannounced on-site investigation, OHCQ may identify an unlicensed assisted living facility. The facility must come into compliance with Maryland law within 30 days or a felony violation notice is issued and a \$10,000 civil money penalty is imposed on the owner. OHCQ works with local jurisdictions who prosecute the individuals.

Mortality reviews can identify important information to improve the quality of care and services to individuals. OHCQ reviews the deaths of individuals in programs or facilities operated, licensed, or approved by the Developmental Disabilities Administration (DDA) and the Behavioral Health Administration (BHA). These cases are presented to the Mortality and Quality Review Committee (MQRC) by OHCQ staff for further review and analysis. The MQRC identifies patterns and systemic problems within the DDA and BHA provider community and recommends actions to the Secretary of Health to prevent avoidable injuries and deaths and to improve quality of care and services.

OHCQ analyzes survey data to identify concerning trends, opportunities for provider training, opportunities for consumer education, and identify referrals to State, federal, and local agencies, including law enforcement. Facilities and providers are required to report certain types of incidents, including abuse, neglect, and exploitation. Data analysis through Microsoft Power BI and Smartsheet identifies under- and over-reporting facilities and providers. This data allows us to focus survey activities in areas of concern, in order to best protect vulnerable children and adults.

## **Improving the Customer Experience**

Throughout FY 19, OHCQ continued to implement dashboards for employees, providers, and other stakeholders. These dashboards organize important information in one location, making it easily accessible from any device connected to the Internet.

On November 14, 2018, OHCQ went live with the assisted living dashboard. The dashboard includes licensee directories, industry statistics, frequently asked questions, transmittals, instructions for filing a complaint, licensure and survey processes, links to regulations, links to websites, and additional resources. By clicking on the link at the bottom of the screen, a question or comment is sent directly to the appropriate OHCQ employee. The dashboards are easy to maintain as revisions can be made in just a few minutes and staff are trained to manage a dashboard in an hour. The assisted living dashboard (see below) has been accessed 16,434 times.

**Figure 1: OHCQ Assisted Living Dashboard**

**Agile Technology Modernization**

In FY 19, OHCQ continued to develop policies, procedures, and training materials in a cloud-based system, Acadia, that is accessible from any device connected to the Internet. Minimal staff training was needed to implement and maintain this intuitive system. Acadia drives process improvement with a real-time feedback system, keeping the documents current and relevant. Data is easily exported into Smartsheet, Microsoft Excel and Power BI, allowing its inclusion in dashboards.

With the continued support of the Governor’s Office of Performance Improvement, OHCQ is enhancing the functionality of existing Microsoft Power BI dashboards and ArcGIS maps, while creating new systems to collect, manage, display, and analyze increasing amounts of data efficiently.

## **Strategic Management of Human Capital**

Smartsheet is an intuitive on-line application that allows an organization to improve processes and speed the execution of a variety of tasks. It improves communication among collaborators and allows for accountability at every level. Smartsheet's spreadsheet interface allows for quick initial configuration and rapid adaptation for evolving processes. These sheets are used to collect, plan, manage, and report on large amounts of data while automating tasks. Smartsheet dashboards organize data from a variety of sources in an intuitive visual display, requiring little to no training for implementation. OHCQ has integrated Smartsheet with existing systems, including Gmail, Google calendar, Microsoft Office 365, Microsoft Power BI, Acadia, Workday, and The Hub, resulting in the production of better work products faster and with less resources.

The customization of Smartsheet systems to facilitate workflow and automate manual tasks has greatly reduced OHCQ's administrative burdens, enhanced communication, decreased the need for paper documents, and improved customer service. Job duties have shifted toward higher level functions rather than repetitive tasks that are now automated.

Systems implemented in FY 18 continue to be utilized and improved, including employee onboarding, employee training, employee offboarding, position tracker, licensure application management, inventory management, and internal- and external-facing dashboards. Implemented in FY 18, the Residential Services Agency dashboard was accessed 4,297 times in FY 19.

### **OHCQ Relocation**

One of the largest projects managed through Smartsheet was the OHCQ relocation. The logistics for this relocation were managed through a Smartsheet dashboard. It allowed employees to follow the progress of the relocation real-time, including videos of construction updates and how to use the building access fob. OHCQ employees accessed this dashboard 4,155 times, often through Smart phones and other mobile devices.

On May 27, 2018, Catonsville received 10.38 inches of rain, resulting in significant water infiltration in the Bland Bryant Building on the Spring Grove Hospital Campus. Employees were relocated to other parts of the building and remediation of the building began immediately. In July, there was water infiltration after another heavy rain storm. Again, employees were relocated and remediation began immediately. Over the summer there were several other episodes of water infiltration, roof leaks, and inoperable HVAC systems. Due to the age of the building (built in 1930), it was not cost effective or feasible to make the necessary repairs.

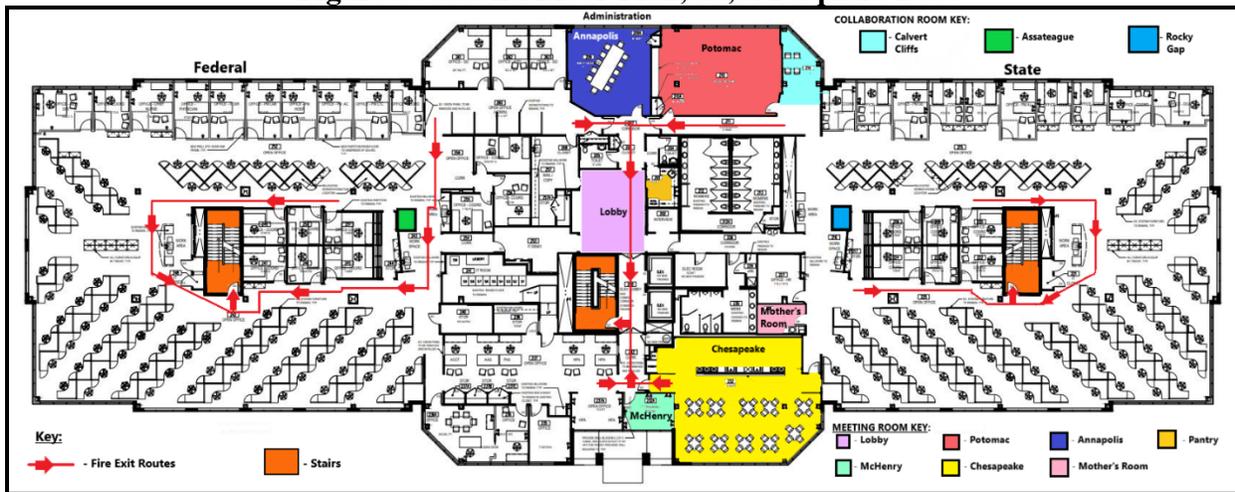
On August 3, 2018, Secretary Neall requested that Secretary Churchill approve an expedited procurement process for a new commercial lease for OHCQ. In record time, the Department of General Services (DGS) and the Maryland Department of Health's Office of Capital Planning identified a new location and negotiated the lease. On November 28, 2018, OHCQ employees were notified that on January 7, 2019, OHCQ would relocate to 7120 Samuel Morse Drive, Second Floor, Columbia, Maryland.

**Figure 2: OHCQ at 7120 Samuel Morse Drive**



This state-of-the-art office design has mid-height cubicles for field-based and administrative employees with five collaboration areas and four meeting rooms. The layout has improved communication within and between units, facilitated mentoring activities, and allowed for more effective and efficient supervision. The technology has facilitated computer-based activities with WiFi hubs throughout the space. Rather than a computer training room, computer-based activities and training can be done anywhere.

**Figure 3: Second Floor Plan, 33,371 Square Feet**



## **Mandated Activities of Licensed and Certified Providers**

As of July 1, 2019, OHCQ oversees 17,113 providers in 42 industries. In FY 19, there was a 2.6 percent increase in the number of providers overseen by OHCQ, primarily in the number of sites serving individuals with developmental disabilities, residential service agencies, and various clinical laboratories.

**Table 1: Number of Licensees per Provider Type as of July 1, 2017, 2018, and 2019**

<b>Provider Type</b>	<b>Number of Licensees, July 1, 2017</b>	<b>Number of Licensees, July 1, 2018</b>	<b>Number of Licensees, July 1, 2019</b>
Forensic Residential Centers	1	1	1
Intermediate Care Facilities - Individuals with Intellectual Disabilities	2	2	2
Long Term Care Facilities	230	228	227
Adult Medical Day Care Centers	117	116	115
Assisted Living Programs	1,580	1,546	1,563
Developmental Disabilities Sites (253 agencies)	3,155	3,020	3,079
Community Mental Health Centers	4	4	4
Correctional Health Facilities	9	10	10
Federally Qualified Health Centers	80	79	78
Freestanding Medical Facilities	3	3	4
Health Maintenance Organizations	9	9	7
Hospitals	63	63	61
Limited Private Inpatient Facilities	2	2	3
Patient Safety Program (counted in hospitals)	0	0	0
Residential Treatment Centers	7	7	7
Transplant Centers	2	2	2
Cholesterol Testing Sites	0	0	0
Employer Drug Testing Facilities	248	254	262
Federally Waived Laboratories	2,704	3,182	3,264
Forensic Laboratories	46	45	46
Health Awareness Testing Sites	49	49	51
Hospital Laboratories	98	98	98
Independent Reference Laboratories	139	121	127
Physician Office Laboratories	3,046	3,488	3,465
Point-of-Care Laboratories	720	1,344	1,447
Public Health Testing Sites	36	36	36
Tissue Banks	359	386	395
Birthing Centers	2	3	3
Comprehensive Outpatient Rehabilitation Facilities	1	1	1
Cosmetic Surgery Facilities	4	4	5
Freestanding Ambulatory Surgical Centers	343	342	343
Freestanding Renal Dialysis Centers	167	168	174
Health Care Staff Agencies	466	494	443
Home Health Agencies	56	56	54
Hospice Houses	14	14	16
Hospices	27	27	27
Major Medical Equipment Providers	191	188	183
Nurse Referral Agencies	121	116	132
Outpatient Physical Therapy Providers	68	68	67
Portable X-Ray Providers	8	9	10
Residential Service Agencies	1,201	1,082	1,290
Surgical Abortion Facilities	12	11	11
<b>Subtotals</b>	<b>15,390</b>	<b>16,678</b>	<b>17,113</b>

## Surveyor Staffing Analysis

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The surveyor staffing analysis in Appendix A calculates the number of surveyors needed in FY 20 to complete the projected number of mandated survey, certification, and licensure activities. These projections consider historical information as well as upcoming changes in federal or State oversight of an industry. The activities include the duties performed by surveyors, but not those duties performed by managers, administrative support staff, and clinical experts, such as the medical director and chief nurse.

The number of hours required for each activity is multiplied by the projected number of required activities in FY 19. The total is divided by 1,500, which is the accepted standard number of hours that the average surveyor spends conducting surveys in a year. The 1,500 hours considers time taken for holidays, vacation, personal days, sick leave, training, meetings, and travel. The number of full-time equivalent of surveyors required for each activity is calculated and then totaled by unit. The total for each unit is based on the specific workload for that unit. The sum of the surveyor deficiencies in each unit is OHCQ's surveyor staffing deficit.

Table 2 summarizes the projected surveyor staffing deficit by unit, with an overall deficit of 35.95 surveyor positions. Appendix A details this analysis by unit, provider type, and activity.

**Table 2: Surveyor Staffing Deficit Projected for FY 20**

<b>Unit</b>	<b>Current # of Surveyors</b>	<b>Needed # of Surveyors</b>	<b>Surveyor Deficit</b>
Long Term Care	58.50	71.87	13.37
Assisted Living	31.00	35.86	4.86
Developmental Disabilities	38.00	51.96	13.96
Hospitals	7.00	7.57	0.57
Laboratories	5.00	5.84	0.84
Ambulatory Care	13.00	15.35	2.35
<b>Totals</b>	<b>152.50</b>	<b>188.45</b>	<b>35.95</b>

## OHCQ Staffing Plan for FY 18 through FY 24

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Through the seven-year staffing plan, the Department continues to make significant progress towards meeting OHCQ's overall staffing needs. The plan includes the need for surveyors, managers, and other positions. The plan considers historical data as well as anticipates changes in federal and State oversight and industry trends. A controlled growth of 5 to 6 percent increase in workforce annually can be accommodated and is progressively improving compliance. This plan allows for controlled growth and for flexibility to adapt to changing needs. The FY 18, FY 19, and FY 20 plans were fully implemented and remains on target for FY 21 implementation.

In FY 19, there was a 2.6 percent increase in the number of providers overseen by OHCQ, which increased the workload for surveyors and support personnel who conduct survey, certification, and licensure activities. This has been offset by the reduced administrative workload through the implementation of non-expiring licenses. As certain administrative positions are vacant, those positions are reclassified to positions that conduct survey, certification, and licensure activities.

Table 3 provides additional details about the staffing requirements. Surveyors conduct prelicensure, licensure, and periodic oversight activities; investigate complaints and facility-reported incidents; and conduct a variety of survey activities. Over the next 4 years, a total of 40 new positions are needed to complete mandated activities. This includes 36 surveyors and 4 coordinators.

**Table 3: OHCQ Staffing Requirements for FY 18 through FY 24**

OHCQ Unit	Position	FY 18	FY 19	FY 20	FY 21	FY 22	FY 23	FY 24	Total
Long term care	Coordinator	2	1	1	0	0	1	0	5
Long term care	Sanitarian (surveyor)	0	0	0	1	0	0	0	1
Long term care	Nurse surveyor	1	4	3	3	3	3	3	20
Long term care	Physician surveyor	0	1	0	0	0	0	0	1
Long term care	Nurse trainer (surveyor)	1	0	0	0	0	0	0	1
Assisted living	Coordinator	1	0	0	1	0	0	0	2
Assisted living	Nurse surveyor	0	2	1	1	2	1	1	8
Developmental disabilities	Coordinator	1	1	1	0	1	0	1	5
Developmental disabilities	Nurse surveyor	1	2	2	2	2	2	2	13
Developmental disabilities	Coordinator of special programs IV (surveyor)	0	1	1	1	2	2	1	8
Developmental disabilities	Office secretary II	1	0	0	0	0	0	0	1
Hospitals	Nurse surveyor	0	0	0	0	0	0	0	0
Laboratories	Surveyor	0	0	0	0	0	0	1	1
Ambulatory care	Coordinator	1	0	1	0	0	0	0	2
Ambulatory care	Nurse surveyor	0	0	0	1	0	1	1	3
Federal	Assistant deputy director	1	0	0	0	0	0	0	1
Federal	Health policy analyst	1	0	0	0	0	0	0	1
State	Health policy analyst	1	0	0	0	0	0	0	1
<b>Positions needed per fiscal year</b>		<b>12</b>	<b>12</b>	<b>10</b>	<b>10</b>	<b>10</b>	<b>10</b>	<b>10</b>	<b>74</b>

## Employee Recruitment and Retention

OHCQ continues to enhance recruitment and retention processes through the areas of candidate selection; culture; on-boarding process; training and education; individual and career development; administrative support; and feedback and evaluation. In addition, OHCQ's location in Columbia with a state-of-the-art office design has been a draw to potential employees. Below is an advertisement used for recruitment that was very successful.

**Figure 4: Advertisement for OHCQ Nurse Surveyor Positions**



**Office of Health Care Quality, 7120 Samuel Morse Drive, Columbia**

*Be the catalyst that improves health care*

Use your nursing expertise to positively impact the lives of all Marylanders. Join the **Maryland Department of Health's Office of Health Care Quality** as a nurse surveyor and enforce regulatory requirements in health care facilities and community-based programs

OHCQ oversees the quality of care in 42 industries, including nursing homes, hospitals, home health, hospice, dialysis, ambulatory surgery centers, assisted living, adult medical day care, residential treatment centers, and programs serving individuals with developmental disabilities

- Work-life balance • Choice of health plans with low deductibles
  - Prescription plan with low copays • Dental insurance
  - Flex spending account • State pension
- State-of-the-art office design with collaboration areas
  - Free gym access in office park

Join our team of nursing professionals today  
Learn more about OHCQ at <http://health.maryland.gov/ohcq/>

## Long Term Care Unit

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The long term care unit ensures that nursing homes are compliant with federal survey and certification standards, State licensure regulations, and local regulations through unannounced on-site surveys, follow-up visits, and complaint investigations.

Effective November 28, 2017, the Centers for Medicare and Medicaid Services (CMS) implemented a new survey process for nursing homes. These regulations include the minimum health and safety standards that each long term care facility is required to meet to participate in Medicaid and Medicare (Revision to State Operations Manual (SOM) Appendix PP for Phase 2, F-Tag Revisions, and Related Issues, June 2017). CMS will implement Phase 3, the final portion, by November 2019. This new survey process required initial and on-going training of all surveyors, supervisors, and some administrative staff, as well as more technical assistance for the providers.

**Table 4: Nursing Homes**

<b>Unit of Measurement</b>	<b>FY17</b>	<b>FY18</b>	<b>FY19</b>
Number of licensed nursing homes	230	228	227
Initial surveys of new providers	1	1	1
Full surveys	217	186	172
Follow-up surveys	50	35	22
Civil money penalties levied, State	20	0	0
Civil money penalties levied, federal	61	36	23
Denial of payment for new admissions	7	1	4
Complaints and facility self-reported incidents	3,342	3,621	3,902
Complaints and self-reported incidents, investigated	3,026	2,979	2,417
Quality of care allegations	1,749	1,345	1,631
Resident abuse allegations	941	1,058	739

Nursing home deficiencies are cited under federal tags (F tags) that categorize the types of deficient practices. For example, F 656 is a federal tag about the requirement to develop comprehensive care plans for nursing home residents. Table 5 includes the top eleven most frequently cited nursing home deficiencies by federal tags and the number of citations under each tag in FY 19. It includes deficiencies of all scopes and severity.

**Table 5: Most Frequently Cited Federal Deficiencies in Nursing Homes in FY 19**

<b>Federal Tag</b>	<b>Description of Tag</b>	<b>Total Citations</b>
F 684	Quality of Care	164
F 842	Resident Records - Identifiable Information	140
F 657	Care Plan Timing and Revision	127
F 656	Develop and Implement Comprehensive Care Plan	125
F 689	Free of Accidents, Hazards, Supervision, Devices	106
F 623	Notice Requirements Before Transfer or Discharge	100
F 880	Infection Prevention and Control	84
F 641	Accuracy of Assessments	84
F 584	Safe, Clean, and Comfortable Homelike Environment	75
F 580	Notify of Changes	72
F 812	Food Procurement, Store, Prepare, Serve - Sanitary	72

Federal nursing home deficiencies are rated from A – L, based on scope and severity, with L being the most serious. Scope is the prevalence and is based on the number of residents affected by the deficient practice. Severity is an assessment of the actual or potential harm to residents caused by the deficient practice. The most serious deficiencies are G through L which are situations where the facility’s noncompliance has caused, or is likely to cause, serious injury, impairment, or death to a resident. Table 6 includes the number of actual harm (G – I) and immediate jeopardy (J – L) deficiencies by federal tag issued in nursing homes in FY 19.

**Table 6: Number of Actual Harm and Immediate Jeopardy Deficiencies by Federal Tag in Nursing Homes in FY 19**

<b>Federal Tag</b>	<b>Description of Tag</b>	<b>G</b>	<b>H</b>	<b>I</b>	<b>J</b>	<b>K</b>	<b>L</b>
F 689	Free of accidents, hazards, supervision, devices	10			10	1	2
F 760	Residents are free of significant med errors					1	
F 578	Right to refuse, formulate advance directives	1			1		
F 600	Free from abuse and neglect	4			1		
F 609	Reporting of alleged violations				2		
F 678	Cardiopulmonary resuscitation (CPR)				1		
F 684	Quality of care	2			1		
F 657	Care plan timing and revision		1				
F 656	Develop and implement a comprehensive care plan	1					
F 686	Treatment to prevent or heal pressure ulcers	2					
F 692	Nutrition and hydration status and maintenance	1					
F 726	Competent nursing staff	1					
F 806	Resident allergies, preferences, and substitutes	1					
	<b>Tags at G or above – 44</b>	<b>23</b>	<b>1</b>	<b>0</b>	<b>16</b>	<b>2</b>	<b>2</b>

Regulatory groupings include multiple federal tags that relate to a specific issue, such as resident rights or pharmacy services. In Table 7, the nursing home deficiencies cited at level G through L are categorized by the regulatory grouping of the federal tags.

**Table 7: Regulatory Groupings of Federal Tags for Actual Harm and Immediate Jeopardy Deficiencies in Nursing Homes in FY 19**

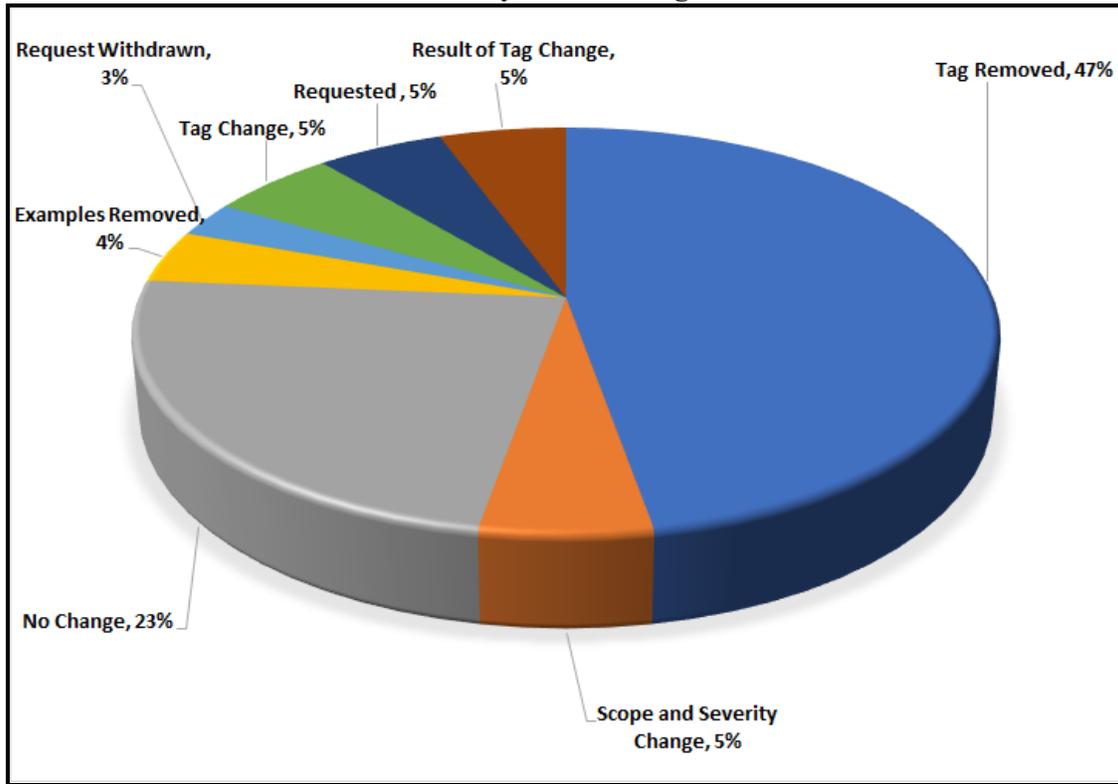
<b>Regulatory Groupings</b>	<b>Federal Tags in Grouping</b>	<b># of Actual Harm and IJ Deficiencies</b>
Resident rights	F 550 – F 586	2
Freedom from abuse, neglect, and exploitation	F 600 – F 610	7
Comprehensive resident center care plans	F 655 – F 661	2
Quality of life	F 675 – F 680	1
Quality of care	F 684 – F 700	29
Nursing services	F 725 – F 732	1
Pharmacy services	F 755 – F 761	1
Food and nutrition services	F 800 – F 814	1
<b>Total</b>		<b>44</b>

### **Informal Dispute Resolution Conferences**

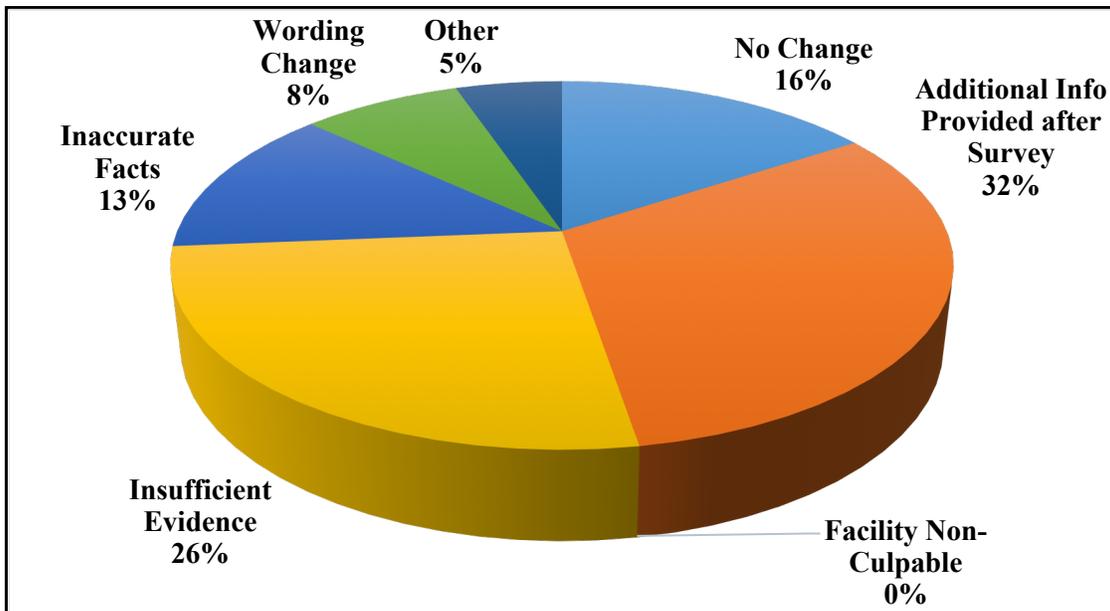
If a nursing home disagrees with the survey results, the facility may dispute the deficiencies through an informal process, known as an informal dispute resolution (IDR). IDRs are generally conducted in a face-to-face meeting but may also be done via phone conference or in writing. A nursing home may request an independent IDR that is conducted by a consultant.

While IDRs are available to all providers overseen by OHCQ, the majority of IDRs involve nursing homes. Thus, the statistics in Figures 5 and 6 relate only to nursing homes. Figure 5 details the outcome of the 73 federal tags that were disputed in 21 IDRs. Figure 6 details the reasons for decisions made in the IDRs.

**Figure 5: Outcomes of Nursing Home Informal Dispute Resolutions by Federal Tag in FY 19**



**Figure 6: Reasons for Nursing Home Informal Dispute Resolution Decisions in FY 19**



## Assisted Living Unit

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The assisted living unit is responsible for the oversight of all assisted living programs in the State of Maryland, including those that participate in the Medicaid waiver program. The unit completes surveys for precicensure, licensure, inspection of care, change of ownership, change of the level of care, follow-up, and to investigate complaints and facility-reported incidents. Allegations of unlicensed assisted living programs are investigated by this unit.

Additionally, the unit is responsible for the oversight of adult medical day care centers for the elderly and medically handicapped adults, including surveys for precicensure, licensure, biannual, change of ownership, follow-up, and to investigate complaints and facility-reported incidents.

**Table 8: Adult Medical Day Care Centers**

Units of Measurement	FY17	FY18	FY19
Number of licensed adult medical day care centers	117	116	115
Initial surveys of new providers	20	9	12
Full surveys	91	27	61
Follow-up surveys	1	1	0
Complaints investigated	140	137	35

**Table 9: Assisted Living Programs**

Units of Measurement	FY17	FY18	FY19
Number of licensed assisted living programs	1,580	1,546	1,563
Initial surveys	141	218	114
Renewal surveys	614	570	994
Other surveys	44	64	71
Complaints and facility self-reported incidents	1,234	1,315	1,152
Complaints investigated	911	1,137	1,092

Assisted living deficiencies are cited under State tags that categorize the types of deficient practices. For example, State tag 3680 is related to the management and administration of medications. Table 10 includes the top ten most frequently cited assisted living deficiencies by state tag and the number of citations under each tag in FY 19.

**Table 10: Most Frequently Cited Deficiencies in Assisted Living Programs in FY 19**

State Tag	Description of Tag	Number of Citations
4630	General Physical Plant Requirements	386
2600	Other Staff - Qualifications	290
2780	Delegating Nurse	266
2550	Other Staff Qualifications	251
4910	Emergency Preparedness (disaster drills)	247
3330	Service Plan	240
3680	Medication Management and Administration	235
2000	Administration	225
4900	Emergency Preparedness (fire drills)	213
2530	Alternate Assisted Living Manager	194

## Developmental Disabilities Unit

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The developmental disabilities (DD) unit is the licensing and monitoring agent for the Developmental Disabilities Administration. Through periodic surveys, the unit ensures regulatory compliance with community-based providers serving individuals with developmental disabilities. The unit also completes on-site and administrative investigations of agency self-reported incidents and community complaints in accordance with the Developmental Disabilities Administration’s Policy on Reportable Incidents and Investigations (PORII) to evaluate and ensure the adequacy of care and provision of supports.

The unit also ensures that the intermediate care facilities for individuals with intellectual disabilities (ICF/IID) comply with all applicable federal, State, and local regulations. To maintain federal certification with CMS and licensure with the State, unannounced on-site surveys, follow-up visits, and complaint investigations are conducted by registered nurses, registered dietitians, registered sanitarians, developmental disabilities professionals, and life safety code inspectors. Additionally, the unit ensures that the forensic residential centers for individuals with intellectual disabilities comply with all applicable State and local regulations through unannounced on-site surveys, follow-up visits, and complaint investigations.

**Table 11: Developmental Disabilities Unit**

Units of Measurement	FY17	FY18	FY19
Licensed developmental disability agencies	230	241	253
Number of sites	3,155	3,020	3,079
New agencies	12	8	11
Initial site surveys	304	369	149
Agencies surveyed	79	39	88
Complaints and self-reported incidents	4,226	5,047	4,651
Complaints and self-reported incidents, on-site investigations	1,157	1,760	1,353

**Table 12: Developmental Disabilities Mortality Unit**

Units of Measurement	FY17	FY18	FY19
Developmental disabilities deaths	237	249	268
Deaths investigated on-site	46	35	37
Deaths investigated, administrative reviews	173	206	191

**Table 13: Forensic Residential Centers**

Units of Measurement	FY17	FY18	FY19
Number of licensed forensic residential centers	1	1	1
Renewal surveys	2	1	2
Complaints investigated	26	3	14

**Table 14: Intermediate Care Facilities for Individuals with Intellectual Disabilities**

Unit of Measurement	FY17	FY18	FY19
Number of licensed ICF IIDs	2	2	2
Renewal surveys	2	2	2
Follow-up surveys	0	1	2
Complaints and self-reported incidents, investigated	86	31	72

**Table 15: Most Frequently Cited Deficiencies in Programs Serving Individuals with Developmental Disabilities in FY 19**

State Tag	Description of Tag	Number of Citations
1140	Individual Rights – Free from Neglect	484
0715	Medication Administration	201
0530	Staff Training	186
1280375	Policies and Procedures	128
0111271	OHCQ Investigation	112
064825	Physical Site Inspection	82
143573	Staff Ratios	73
016967	Records	67
073558	Records at Site	58
0430	Emergency Procedures – 72 Hour Plan	57

## Hospital Unit

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The hospital unit provides oversight of acute care and specialty (psychiatric, chronic, special rehabilitation, and children’s) hospitals, residential treatment centers, health maintenance organizations (HMOs), and hospitals within correctional facilities. Responsibilities of the unit include surveys, complaint investigations, review of self-reported incidents, and review of reports from accreditation organizations. The types and scope of the oversight are dictated by the provider type and certification by Medicare or Medicaid. This unit also oversees federally qualified health centers, community mental health centers, freestanding medical facilities, and limited private

inpatient facilities. On October 1, 2019, CMS will delegate the inspection of transplant programs to the states. The survey staff are participating in monthly webinars from CMS in preparation for surveying transplant programs.

The patient safety program receives mandated self-reports of serious adverse events that occur in Maryland hospitals. OHCQ reviews the hospital's root cause analysis of these events to determine compliance with COMAR 10.07.06, the Department's regulations governing hospital patient safety programs. Information regarding trends, best practices, and lessons learned from the review of these events are disseminated to hospitals via the Maryland Hospital Patient Safety Program's Annual Report and clinical alerts to improve patient safety.

**Table 16: Community Mental Health Centers**

Units of Measurement	FY17	FY18	FY19
Community mental health centers	4	4	4
Complaint investigations	0	0	0

**Table 17: Correctional Health Care Facilities**

Units of Measurement	FY17	FY18	FY19
Correctional health care facilities	9	10	10
Initial surveys	0	1	0
Full surveys	0	0	2
Complaint investigations	0	0	0

**Table 18: Federally Qualified Health Centers**

Units of Measurement	FY17	FY18	FY19
Federally qualified health centers	80	79	78
Complaint investigations	0	3	0

**Table 19: Freestanding Medical Facilities**

Units of Measurement	FY17	FY18	FY19
Licensed freestanding medical facilities	3	3	4
Initial, full and follow-up surveys	5	0	0
Complaints investigated	3	1	0

**Table 20: Health Maintenance Organizations**

Units of Measurement	FY17	FY18	FY19
Health maintenance organizations	9	9	7
Full surveys	0	0	0
Follow-up surveys	0	0	0
Complaint investigations	7	11	8

**Table 21: Hospitals**

Units of Measurement	FY17	FY18	FY19
Licensed or certified hospitals	63	63	61
Validation surveys of accredited hospitals	2	1	2
Complaints investigated on-site	103	95	93
Administrative reviews	148	190	210
Follow-up surveys	11	18	20
Enforcement remedies imposed	3	14	13

**Table 22: Limited Private Inpatient Facilities**

Units of Measurement	FY17	FY18	FY19
Licensed limited private inpatient facilities	2	2	3
Initial, full and follow up surveys	1	0	0
Complaint investigations	0	0	0

**Table 23: Patient Safety Program**

Units of Measurement	FY17	FY18	FY19
Adverse event reports	233	238	232
Review root cause analysis reports (patient safety)	196	208	154
Follow-up investigations and hospital patient safety surveys	26	5	0

**Table 24: Residential Treatment Centers**

Units of Measurement	FY17	FY18	FY19
Licensed residential treatment centers	7	7	7
Follow-up surveys	0	0	0
Validation surveys and seclusion and restraint investigation	0	3	1
Complaint investigations	13	16	20

## Clinical and Forensic Laboratories Unit

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The clinical and forensic laboratories unit is responsible for State licensure of all laboratories that perform tests on specimens obtained from Marylanders and for federal certification of all Maryland laboratories. The State and federal licensing programs include those for tissue banks, blood banks, hospitals, independent reference, physician office and point of care laboratories, public health awareness screening, pre-employment related toxicology testing for controlled dangerous substances, and public health testing programs that offer rapid HIV-1 and rapid Hepatitis C antibody testing to the public. This unit conducts State and federal surveys to ensure compliance with applicable regulations. This unit is the agent for federal certification in the Clinical Laboratory Improvement Amendments of 1988 program (CLIA), which is required for all clinical laboratory testing sites.

OHCQ surveys laboratories performing cytology testing biennially and investigates complaints. In addition to these surveys, the CLIA statute requires that individuals performing cytology examinations be tested for their proficiency through the College of American Pathologists (CAP) or the American Society for Clinical Pathology program (ASCP).

This unit provides oversight for accredited and non-accredited laboratories that perform forensic analyses. Responsibilities include licensure; annual surveys and revisits of non-accredited laboratories; review of documents from laboratories and accreditation organizations; complaint investigations; and review of self-reported incidents from all forensic laboratories.

**Table 25: Cholesterol Testing Sites**

Units of Measurement	FY17	FY18	FY19
Cholesterol testing sites	0	0	0
Initial surveys of new providers	0	0	0
Full surveys	0	0	0
Complaint surveys	0	0	0

**Table 26: Employer Drug Testing Facilities**

Units of Measurement	FY17	FY18	FY19
Employer drug testing facilities	248	254	262
Initial surveys of new providers	64	64	8
Full surveys	70	35	67
Follow-up surveys	0	0	0
Complaint surveys	2	2	2

**Table 27: Forensic Laboratories**

Units of Measurement	FY17	FY18	FY19
Forensic laboratories	46	45	46
Full surveys	8	22	28
Follow-up surveys	0	5	1
Surveillance surveys	0	0	0
Complaint investigations	0	0	1

**Table 28: Health Awareness Testing Sites**

Units of Measurement	FY17	FY18	FY19
Health awareness test sites	49	49	51
Initial surveys	0	2	2
Full surveys	68	42	62
Follow-up surveys	2	0	3
Site approvals	2,176	1,837	1,639
Complaints surveys	1	0	0

**Table 29: Hospital Laboratories**

Units of Measurement	FY17	FY18	FY19
Hospital laboratories	98	98	98
Initial surveys of new providers	0	0	0
Full surveys	0	4	4
Follow-up surveys	0	0	0
Validation surveys	0	5	4
Complaint surveys	2	0	0

**Table 30: Independent Reference Laboratories**

Units of Measurement	FY17	FY18	FY19
Independent reference laboratories	139	121	127
Initial surveys of new providers	10	19	6
Full surveys	25	36	32
Follow-up surveys	6	15	0
Validation surveys	1	4	2
Complaint surveys	4	2	0

**Table 31: Physician Office and Point of Care Laboratories, State Only Surveys**

Units of Measurement	FY17	FY18	FY19
Physician office and point of care labs, State only	489	334	351
Initial surveys of new providers	25	20	17
Full surveys	304	146	175
Follow-up surveys	154	140	78
Complaint surveys	5	2	0

**Table 32: Physician Office and Point of Care Laboratories, Federal CLIA Surveys**

Units of Measurement	FY17	FY18	FY19
Physician office, point of care labs, CLIA surveys	489	334	351
Initial surveys of new providers	25	20	17
Full surveys	304	146	175
Follow-up surveys	154	140	78
Validation surveys	5	5	7
Complaint surveys	5	2	0

**Table 33: Public Health Testing Sites**

Units of Measurement	FY17	FY18	FY19
Public health testing	36	36	36
Initial surveys of new providers	0	0	0
Full surveys	20	31	60
Follow-up surveys	0	0	0
Complaint surveys	0	0	0

**Table 34: Tissue Banks**

<b>Units of Measurement</b>	<b>FY17</b>	<b>FY18</b>	<b>FY19</b>
Tissue banks	359	386	395
Initial surveys of new providers	10	4	9
Full surveys	12	13	28
Follow-up surveys	0	2	0
Validation surveys	0	0	0
Complaint surveys	1	2	3

### **Ambulatory Care Unit**

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The ambulatory care unit is responsible for the State licensure and/or federal certification of all non-long term care facilities that include birthing centers, comprehensive outpatient rehabilitation facilities, freestanding ambulatory surgery centers, freestanding renal dialysis centers, home health agencies, hospices, major medical equipment, outpatient physical therapy providers, portable x-ray providers, residential service agencies, and surgical abortion facilities. This unit receives complaints alleged against all ambulatory care providers and maintains a federal twenty-four hour complaint hotline for home health agencies.

**Table 35: Surgical Abortion Facilities**

<b>Units of Measurement</b>	<b>FY17</b>	<b>FY18</b>	<b>FY19</b>
Licensed surgical abortion facilities	12	11	11
Initial surveys	0	1	0
Renewal surveys	0	0	9
Complaints investigated	5	2	3

**Table 36: Birthing Centers**

<b>Units of Measurement</b>	<b>FY17</b>	<b>FY18</b>	<b>FY19</b>
Licensed birthing centers	2	3	3
Initial surveys of new providers	1	1	0
Full surveys	2	3	3
Follow-up surveys	0	0	0
Complaint investigations	0	0	0

**Table 37: Comprehensive Outpatient Rehabilitation Facilities**

<b>Units of Measurement</b>	<b>FY17</b>	<b>FY18</b>	<b>FY19</b>
Licensed comprehensive outpatient rehabilitation facilities	1	1	1
Initial surveys of new providers	0	0	0
Full surveys	0	0	0
Follow-up surveys	0	0	0
Complaint investigations	0	0	0

**Table 38: Cosmetic Surgical Facilities**

Units of Measurement	FY17	FY18	FY19
Licensed cosmetic survey facilities	4	4	5
Initial surveys of new providers	1	0	1
Full surveys	0	0	0
Follow-up surveys	0	0	0
Complaint investigations	0	0	0

**Table 39: Freestanding Ambulatory Surgical Centers**

Units of Measurement	FY17	FY18	FY19
Licensed freestanding ambulatory surgical centers	343	342	343
Initial surveys	25	29	14
Full surveys	97	145	101
Follow-up surveys	13	22	15
Complaint investigations	4	16	10

**Table 40: Freestanding Renal Dialysis Centers**

Units of Measurement	FY17	FY18	FY19
Licensed freestanding renal dialysis centers	167	168	174
Initial surveys of new providers	25	22	8
Full surveys	41	62	63
Follow-up surveys	10	22	6
Complaint investigations	34	47	17

**Table 41: Health Care Staff Agencies**

Units of Measurement	FY17	FY18	FY19
Health care staff agencies	466	494	443
Initial surveys of new providers	28	84	70
Complaint investigations	0	1	0

**Table 42: Home Health Agencies**

Units of Measurement	FY17	FY18	FY19
Licensed home health agencies	56	56	54
Initial surveys of new providers	3	0	0
Full surveys	12	19	9
Follow-up surveys	2	3	1
Complaint investigations	10	16	13

**Table 43: Hospices and Hospice Houses**

Units of Measurement	FY17	FY18	FY19
Licensed hospices	27	27	27
Initial surveys of new providers	1	0	0
Full surveys	5	8	7
Follow-up surveys	1	10	3
Complaint investigations	12	24	15
Licensed hospice houses	14	14	16
Initial surveys of new providers	0	3	2
Complaint investigations in hospice houses	1	0	0

**Table 44: Major Medical Equipment Providers**

Units of Measurement	FY17	FY18	FY19
Licensed major medical equipment providers	191	188	183
Initial surveys of new providers	0	0	0
Full surveys	0	0	0
Follow-up surveys	0	0	0
Complaint investigations	0	2	1

**Table 45: Nurse Referral Agencies**

Units of Measurement	FY17	FY18	FY19
Nurse referral agencies	121	116	132
Initial license	0	3	29
Complaint investigations	1	11	1

**Table 46: Outpatient Physical Therapy Providers**

Units of Measurement	FY17	FY18	FY19
Licensed outpatient physical therapy providers	68	68	67
Initial surveys of new providers	5	12	3
Full surveys	8	11	19
Follow-up surveys	0	1	3
Complaint investigations	0	1	0

**Table 47: Portable X-ray Providers**

Units of Measurement	FY17	FY18	FY19
Licensed portable x-ray providers	8	9	10
Initial surveys of new providers	0	1	2
Full surveys	2	1	2
Follow-up surveys	0	0	0
Complaint investigations	0	0	0

**Table 48: Residential Service Agencies**

<b>Units of Measurement</b>	<b>FY17</b>	<b>FY18</b>	<b>FY19</b>
Licensed residential service agencies	1,201	1,082	1,290
Initial surveys of new providers	84	124	131
Full surveys	27	5	29
Follow-up surveys	6	6	9
Complaint investigations	41	193	98

## **Future Steps**

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Utilizing technology to enhance the efficiency and effectiveness of OHCQ’s licensure, certification, survey, and administrative activities has been incorporated into the strategic planning process. Over the next year, OHCQ will continue to use technological solutions and build on the strong foundation that was established in FY 18. These solutions allow the agency’s leadership and supervisors to effectively manage employees and to collect, access, and analyze large volumes of data.

Initiatives in FY 20 include:

- Electronic submission of licensure applications and documents to OHCQ;
- Implementation of automated workflows that include audit functions;
- Implementation of internal- and external-facing dashboards that compile a variety of resources and information into one location; and
- Development and implementation of competency-based staff training.

OHCQ will continue to identify and implement regulatory efficiency and effectiveness initiatives to support our mission. Every employee of OHCQ remains committed to protecting the health and safety of Marylanders across the health care continuum.

## Appendix A: OHCQ Projected Surveyor Staffing Analysis for FY 20

Mandates	A. # of facilities or activities	B. Requirements per year	C. Total # of activities required (A x B)	D. Hours required per activity	E. Hours required for activities (C x D)	F. # of surveyors required (E/1500)	G. Current # of surveyors	H. # of additional surveyors needed
<b>Long Term Care Unit</b>								
<b>Nursing Homes</b>								
Initial surveys	0	1	0	182	0	0.00		
Annual surveys	227	1	227	220	49,940	33.29		
Complaints and self-reports	2,720	1	2,720	19	51,680	34.45		
Follow-up surveys	45	1	45	16	720	0.48		
State resident funds surveys	227	1	227	6	1,362	0.91		
Life safety code initial surveys	10	1	10	10	100	0.07		
Life safety code annual surveys	240	1	240	10	2,400	1.60		
Life safety code follow-up surveys	100	1	100	8	800	0.53		
Life safety code complaint surveys	20	1	20	12	240	0.16		
Informal dispute resolutions	40	1	40	8	320	0.21		
Testifying in hearings	2	1	2	120	240	0.16		
<b>Long Term Care Unit</b>						<b>71.87</b>	<b>58.50</b>	<b>13.37</b>
<b>Assisted Living Unit</b>								
<b>Adult Medical Day Care Centers</b>								
Initial surveys	14	1	14	24	336	0.22		
Renewal surveys	115	0.5	58	16	920	0.61		
Complaints and self-reports	120	1	120	8	960	0.64		
Follow-up surveys	2	1	2	16	32	0.02		
<b>Assisted Living Programs</b>								
Initial surveys	148	1	148	40	5,920	3.95		
Annual surveys	1,425	1	1,425	16	22,800	15.20		
Complaints and self-reports	1,145	1	1,145	16	18,320	12.21		
Follow-up surveys	48	1	48	16	768	0.51		
Informal dispute resolutions for unit	18	1	18	16	288	0.19		
Testifying in hearings for unit	15	1	15	80	1,200	0.80		
Investigations of alleged unlicensed programs	N/A	N/A	N/A	N/A	N/A	1.50		
<b>Assisted Living Unit</b>						<b>35.86</b>	<b>31.00</b>	<b>4.86</b>

Mandates	A. # of facilities or activities	B. Requirements per year	C. Total # of activities required (A x B)	D. Hours required per activity	E. Hours required for activities (C x D)	F. # of surveyors required (E/1500)	G. Current # of surveyors	H. # of additional surveyors needed
<b>Developmental Disabilities Unit</b>								
<b>Developmental Disabilities Programs</b>								
Initial site openings	274	1	274	8	2,192	1.46		
Annual surveys of providers	253	1	253	120	30,360	20.24		
Complaint and self-reports, on-site	1,565	1	1,565	16	25,040	16.69		
Complaint and self-reports, admin.	2,800	1	2,800	4	11,200	7.47		
Death investigations, on-site	39	1	39	48	1,872	1.25		
Death investigations, administrative	205	1	205	8	1,640	1.09		
Children's providers, all activities	3	1	3	1,320	3,960	2.64		
Informal dispute resolutions	18	1	18	12	216	0.14		
Settlements and hearings	6	1	6	80	480	0.32		
<b>Forensic Residential Centers</b>								
Initial surveys	0	1	0	0	0	0.00		
Annual surveys	1	1	1	160	160	0.11		
Complaints and self-reports	14	1	14	8	112	0.07		
Follow-up surveys	0	1	0	8	0	0.00		
Informal dispute resolutions	0	1	0	8	0	0.00		
<b>Intermediate Care Facilities for Individuals with Intellectual Disabilities</b>								
Initial surveys	0	1	0	0	0	0.00		
Annual surveys	2	1	2	160	320	0.21		
Complaints and self-reports	46	1	46	8	368	0.25		
Follow-up surveys	1	1	1	16	16	0.01		
Informal dispute resolutions	1	1	1	8	8	0.01		
<b>Developmental Disabilities Unit</b>						<b>51.96</b>	<b>38.00</b>	<b>13.96</b>
<b>Hospital Unit</b>								
<b>Community Mental Health Centers</b>								
Initial surveys	1	1	1	32	32	0.02		
Complaints	1	1	1	24	24	0.02		
<b>Correctional Health Care Facilities</b>								
Initial surveys	0	1	0	24	0	0.00		
Full surveys	10	1	10	32	320	0.21		
Complaint investigations	1	1	1	8	8	0.01		

Mandates	A. # of facilities or activities	B. Requirements per year	C. Total # of activities required (A x B)	D. Hours required per activity	E. Hours required for activities (C x D)	F. # of surveyors required (E/1500)	G. Current # of surveyors	H. # of additional surveyors needed
Federally Qualified Health Centers								
Complaints	2	1	2	24	48	0.03		
Freestanding Medical Facilities								
Initial surveys	1	1	1	64	64	0.04		
Full surveys	4	1	4	24	96	0.06		
Complaints	2	1	2	10	20	0.01		
Health Maintenance Organizations								
Initial surveys	1	1	1	160	160	0.11		
Full survey of non-accredited HMOs	0	1	0	120	0	0.00		
Follow-up surveys	0	1	0	16	0	0.00		
Complaints	9	1	9	8	72	0.05		
Hospitals								
Initial surveys	1	1	1	210	210	0.14		
Validation surveys	3	1	3	210	630	0.42		
Complaint investigations, on-site	110	1	110	36	3960	2.64		
Complaint investigations, administrative	220	1	220	8	1760	1.17		
Follow-up surveys	20	1	20	16	320	0.21		
Mortality review, psychiatric hospitals	24	1	24	24	576	0.38		
Limited Private Inpatient Facilities								
Initial surveys	2	1	2	40	80	0.05		
Complaints	2	1	2	24	48	0.03		
Patient Safety Program								
Review hospital root cause analysis	240	1	240	4	960	0.64		
Patient safety program surveys	28	1	28	24	672	0.45		
Residential Treatment Centers								
Initial surveys	1	1	1	80	80	0.05		
Complaints	28	1	28	32	896	0.60		
Validation surveys	2	1	2	16	32	0.02		
Follow-up surveys	2	1	2	16	32	0.02		
Hospital Unit								
Informal dispute resolutions	2	1	2	8	16	0.01		
State and federal hearings	3	1	3	80	240	0.16		
<b>Hospital Unit</b>						<b>7.57</b>	<b>7.00</b>	<b>0.57</b>

Mandates	A. # of facilities or activities	B. Requirements per year	C. Total # of activities required (A x B)	D. Hours required per activity	E. Hours required for activities (C x D)	F. # of surveyors required (E/1500)	G. Current # of surveyors	H. # of additional surveyors needed
<b>Clinical and Forensic Laboratories</b>								
<b>Cholesterol Testing Sites</b>								
Cholesterol testing	0	1	0	8	0	0.00		
<b>Employer Drug Testing Facilities</b>								
Employer drug testing facilities	270	0.5	135	8	1,080	0.72		
<b>Forensic Laboratories</b>								
Initial surveys	1	1	1	48	48	0.03		
Renewal surveys	46	0.5	23	48	1,104	0.74		
Surveillance surveys	1	1	1	24	24	0.02		
Complaints and self-reports	1	1	1	24	24	0.02		
Follow-up surveys	1	1	1	16	16	0.01		
Informal dispute resolutions and hearings	1	1	1	40	40	0.03		
<b>Health Awareness Testing Sites</b>								
Health awareness testing surveys	55	1	55	8	440	0.29		
Health awareness site approval	1,884	1	1,884	0.5	942	0.63		
<b>Hospital Laboratories</b>								
Hospital laboratories	98	0.25	25	8	200	0.13		
<b>Independent Reference Laboratories</b>								
Non-accredited	66	0.5	33	16	528	0.35		
Complaints	2	1	2	16	32	0.02		
<b>Physician Offices and Point-of-Care Laboratories</b>								
CLIA	392	0.5	196	12	2,352	1.57		
Complaint surveys	3	1	3	16	48	0.03		
Validation	6	1	6	20	120	0.08		
<b>Public Health Testing Sites</b>								
Public health testing	36	1	36	5	180	0.12		
<b>Tissue Banks</b>								
Tissue banks	395	0.5	198	8	1,584	1.06		
<b>Clinical and Forensic Laboratories</b>						<b>5.84</b>	<b>5.00</b>	<b>0.84</b>

Mandates	A. # of facilities or activities	B. Requirements per year	C. Total # of activities required (A x B)	D. Hours required per activity	E. Hours required for activities (C x D)	F. # of surveyors required (E/1500)	G. Current # of surveyors	H. # of additional surveyors needed
<b>Ambulatory Care Unit</b>								
<b>Birth Centers</b>								
Initial surveys	1	1	1	40	40	0.03		
Renewal surveys	3	1	3	32	96	0.06		
Complaint investigations	2	1	2	16	32	0.02		
Informal dispute resolutions	1	1	1	8	8	0.01		
<b>Comprehensive Outpatient Rehabilitation Facilities</b>								
Initial surveys	1	1	1	32	32	0.02		
Renewal surveys	1	0.05	1	16	16	0.01		
Complaint investigations	1	1	1	8	8	0.01		
Informal dispute resolutions	0	1	0	8	0	0.00		
<b>Cosmetic Surgery Facilities</b>								
Initial surveys	1	1	1	48	48	0.03		
Renewal surveys	0	1	0	0	0	0.00		
Complaint investigations	1	1	1	16	16	0.01		
Informal dispute resolutions	0	1	0	8	0	0.00		
<b>Freestanding Ambulatory Surgical Centers</b>								
Initial surveys	22	1	22	48	1,056	0.70		
Renewal surveys	343	0.33	114	56	6,384	4.26		
Follow-up surveys	17	1	17	16	272	0.18		
Complaint investigations	12	1	12	16	192	0.13		
Informal dispute resolutions	1	1	1	8	8	0.01		
<b>Freestanding Renal Dialysis Centers</b>								
Initial surveys	19	1	19	48	912	0.61		
Renewal surveys	174	0.33	58	56	3,248	2.17		
Follow-up surveys	13	1	13	16	208	0.14		
Complaint investigations	36	1	36	16	576	0.38		
Informal dispute resolutions	2	1	2	8	16	0.01		
<b>Health Care Staff Agencies</b>								
Complaint investigations	1	1	1	8	8	0.01		

Mandates	A. # of facilities or activities	B. Requirements per year	C. Total # of activities required (A x B)	D. Hours required per activity	E. Hours required for activities (C x D)	F. # of surveyors required (E/1500)	G. Current # of surveyors	H. # of additional surveyors needed
<b>Home Health Agencies</b>								
Initial surveys	1	1	1	40	40	0.03		
Renewal surveys	54	0.33	18	40	720	0.48		
Complaint investigations	13	1	13	24	312	0.21		
Informal dispute resolutions	1	1	1	8	8	0.01		
<b>Hospice Care Programs</b>								
Initial surveys	0	1	0	40	0	0.00		
Renewal surveys	27	0.33	9	40	360	0.24		
Complaint investigations, hospice	19	1	19	16	304	0.20		
Complaints, hospice houses	2	1	2	16	32	0.02		
Informal dispute resolutions	2	1	2	8	16	0.01		
<b>Major Medical Equipment Providers</b>								
Initial surveys	1	1	1	16	16	0.01		
Complaint investigations	2	1	2	4	8	0.01		
Informal dispute resolutions	0	1	0	8	0	0.00		
<b>Nurse Referral Agencies</b>								
Complaint investigations	6	1	6	8	48	0.03		
<b>Outpatient Physical Therapy Providers</b>								
Initial surveys	7	1	7	16	112	0.07		
Renewal surveys	67	0.05	4	16	64	0.04		
Follow-up surveys	2	1	2	16	32	0.02		
Complaint investigations	1	1	1	4	4	0.00		
Informal dispute resolutions	0	1	0	8	0	0.00		
<b>Portable X-ray Providers</b>								
Initial surveys	1	1	1	16	16	0.01		
Renewal surveys	10	0.05	1	16	16	0.01		
Complaint investigations	1	1	1	4	4	0.00		
Informal dispute resolutions	0	1	0	8	0	0.00		

Mandates	A. # of facilities or activities	B. Requirements per year	C. Total # of activities required (A x B)	D. Hours required per activity	E. Hours required for activities (C x D)	F. # of surveyors required (E/1500)	G. Current # of surveyors	H. # of additional surveyors needed
<b>Residential Service Agencies</b>								
Initial surveys	120	1	120	40	4,800	3.20		
Follow-up surveys	12	1	12	16	192	0.13		
Complaint investigations	110	1	110	16	1,760	1.17		
Informal dispute resolutions	3	1	3	16	48	0.03		
<b>Surgical Abortion Facilities</b>								
Initial surveys	1	1	1	40	40	0.03		
Renewal surveys	11	1	11	40	440	0.29		
Complaint investigations	5	1	5	40	200	0.13		
Informal dispute resolutions	1	1	1	16	16	0.01		
Hearings, all provider types in unit	4	1	4	60	240	0.16		
<b>Ambulatory Care Unit</b>						<b>15.35</b>	<b>13.00</b>	<b>2.35</b>
<b>Total</b>						<b>188.45</b>	<b>152.50</b>	<b>35.95</b>